

Glimpses of Humanity

Nurses recount stories of hope
during the war on terrorism

by Orville F. Desjarlais Jr.

Capt. Martha Paul sees flight medics rush into the emergency room tent entrance carrying a litter with a body bag on it.

One of the medics tugs his helmet off and gives a report about the patient he carried in. The captain listens and isn't distracted in the least that a living, breathing patient has been brought in tucked inside a body bag.

The concept is simple. Body bags are a plentiful, cheap and an incredibly effective way to keep live patients warm. Cold kills trauma patients. The bags help keep them alive.

Captain Paul is used to the fast-paced world of emergency medical care. Although this is the first deployment for the nurse from Wilford Hall Medical Center in San Antonio, she was a civilian nurse for 14 years. Once she even worked with a special weapons and tactics team in New Mexico.

"The (damaging effects) of a meth lab that blows up looks a lot like (the effects) an improvised explosive devise that has blown up. I didn't see anything I hadn't seen before, but never in this quantity," she says of her five-month deployment beginning in January 2005.

But, Balad Air Base, Iraq, is different.

Once the flight medic hands the neurosurgeons a compact disc, which contains CAT scan images of the patient's head, the dance begins.

As neurosurgeons run down the tent corridor to exam the brain scan, medics continue to resuscitate the dirty and bloody Soldier. The surgeon of the day, called a "trauma czar," directs the orchestrated efforts of nurses, medical technicians and other specialists as they dance around each other to treat the Soldier.

"We cut the gauze away from his head about the same time the neurosurgeons return," the 59th Training Squadron nurse remembers. "It's a horrible wound. There is no doubt in anyone's mind what the doctor is about to say."

The bullet wound is deadly, absolutely not survivable. Since there's nothing more the doctors can do for him, they leave.

Left behind are four nurses, including Captain Paul, and a chaplain. All five are having a difficult time coping because here lays a young man in the prime of his life.

When a wounded Soldier died in her arms, Capt. Martha Paul's life changed forever. The nurse from Wilford Hall Medical Center in San Antonio said that memory is as vivid today as it was when in happened in Iraq.

“There’s nothing wrong with him except that now someone had put a bullet through his brain,” the nurse from Las Cruces, N.M., said.

The life-sustaining air ventilator machine, now turned off, is no longer forcing him to breathe. His breaths are shallow and slow. The beeping of the electrocardiogram records his heart, a young, strong heart that doesn’t yet know the brain is dead. It’s going to take awhile for everything to shut down because he’s so young and healthy.

She asks herself, “What are we going to do? Let this guy die in a corner all by himself?”

She answers herself with a resounding, “No.”

After they cleanse the Soldier and wrap his head in clean bandages, the four nurses gather around the patient and hold his hands. They place their other hands on his shoulders and listen to the chaplain pray.

Eventually, the EKG beeps slower and slower until eventually it’s silent. No heart activity.

Like many nurses, Captain Paul has learned to hold her emotions until she can walk away for a private moment. But this isn’t one of those times. None of the four can control their tears as they prep the Soldier for the morgue. They stop when the field telephone announces another arrival of patients. Life goes on in the ER.

Captain Paul still tears when she tells the story. It touched her heart because, believe it or not, medics in the emergency room very rarely have patients die in their arms. Patients either come in dead or go to the intensive care unit.

“You don’t normally stand there and hold hands with a patient as he dies,” she said.

The gift of blood

Outside an Iraqi police station, American Soldiers are training Iraqi policemen when a truck full of explosives detonates. The Soldier closest to the blast takes the brunt of the explosion. He’s rushed to the emergency room of the expeditionary medical support facility where Maj. Carla Leeseberg meets him.

She, too, is a nurse manager of a multi-service unit. She notices that his left arm looks like hamburger. His carotid artery, that artery that provides bright red oxygenated blood to his head and neck, is shredded and he’s losing blood quickly.

Whenever Major Leeseberg sees Soldiers in their early 20s carried on stretchers into the emergency room, she thinks of her two sons who are about the same age.

“I also think about the mothers and how I would feel if they were my children,” the major from San Jose, Calif., said.

During her 17-and-a-half year career, her first deployment to a war zone was to Kirkuk Air Base, Iraq, from January to May 2007. At Wilford Hall she’s the squadron’s chief of education and training for a group. At Kirkuk she was one of four nurses that provided emergency and trauma care at the first echelon of care for patients. More seriously injured patients go to Balad for more definitive care.

When the Soldier enters the operating room, Major Leeseberg helps the anesthesiologist give him blood transfusions. Blood goes in and blood comes out of the damaged carotid. It’s apparent the hospital will soon run out of blood to give him.

A call for more blood goes out to the base. In no time at all, there are 40 to 50 people lined up outside the hospital tent, including a Soldier injured in the same blast. After getting stitches in his head



Little Samaya Kalaf Ahmedd, held by father Mr. Kalaf, survived a horrible head wound. She’s doing much better now because of the extra-special care she received from concerned Airmen who wanted to save an already broken family.

and arms for cuts caused by flying shards of glass, the Soldier, still wearing a blood-stained T-shirt, insisted on giving blood for his buddy, and he does.

After infusing 30 units or more of blood into the wounded Soldier, they send him with a critical-care nurse for further treatment to Balad. Shortly after being admitted at Balad, he dies.

“One of the most memorable things about the whole experience was assisting the operating room with blood transfusions,” she said. “To see that amount of blood loss and the team working as vigorously as possible to keep him alive was something else. We worked so hard.

“The other is the camaraderie between all of the servicemembers and how we all band together to help one of our own,” Major Leeseberg said. “This will forever leave an indelible mark in my heart and mind.”

The experience affected everybody in the facility. The Soldier left behind a wife and child.

“That takes a toll,” she said. “Most of us cried. I cried a lot on that one. I can still visualize it so vividly when I talk about it that it still makes me cry.”

Daughter and father survival

But not all nurse stories have sad endings.

When medical technicians bring 3-year-old Samaya Kalaf Ahmedd into the hospital tent at Balad, the trauma team jumps into action to treat the wound to her head.

She was caught in a cross-fire and ended up with a penetrating fragment buried in her cerebellum, a part of the brain that controls a person’s attention and processes language, music and other sensory stimuli.

Initially, doctors say her outlook is grim. By performing emergency surgery they’re able to relieve the pressure on her lower brain and remove fluid buildup. Gradually her health improves.

Throughout the ordeal, her father, Mr. Kalaf remains by her side. He eats at the dining facility and sleeps by her side. Through an interpreter, he tells hospital staff that only he and his daughter remain. A horrific improvised explosive device blast had killed his wife and two other children. They are all that remain of the family.

Although the surgeries saved her life, doctors tell Mr. Kalaf that tiny Samaya is going to have special needs. She’ll have to use a feeding tube the rest of her life. Her development will be delayed because of the gunshot wound. And for the next year, she’ll need extended medical care.

“The family was very poor, not able to afford the basics for the baby, more specifically, a developmentally delayed baby with long-term care needs,” said Maj. Stacy Greene, who is an education and training officer at Wilford Hall, but was a clinical nurse at Balad.

“Although he’s a very compassionate father, it’s different in that society for him to care for a child,” the major from Fayetteville, N.C., said.



Maj. Stacy Greene, with daughter, Mia, witnessed a miracle when she was in Iraq. She saw a terribly wounded little girl survive because of the medical care she received — and because of the compassion of many Airmen.

But care for the child he does, with the help of the hospital staff, who by now has fallen in love with the little Iraqi girl. Compassion radiates from every part of the hospital tent.

“We came together to help someone we couldn’t even communicate with,” Major Greene said. “His (the father’s) plight was a desperate one, and we could relate to him as parents.”

After her initial bout of surgeries, Samaya is conscious, but unable to walk or talk. She can’t even sit up in bed. Airmen in facilities management handcraft a special bed for her. The bed tilts, allowing her to sit erect.

During Samaya’s four-month stay, medics donate tube feedings, wound-care supplies, diapers, clothes and toys. Many items are donated from the United States.

“For every act of kindness, Mr. Kalaf placed his right hand over his heart and bowed his head in thanks,” Major Greene said. “You can tell it touched him.”

When the major returned to San Antonio, she received a follow-up e-mail about Samaya. Apparently, a lot of medics still ask about the tiny girl and are told that she’s doing fine. Mr. Kalaf is taking her to a local hospital, and there is hope that she’ll get the help of neurosurgeons working in many of the major cities there.

The deployment from September 2006 to January 2007 changed Major Greene’s life. She’s never experienced anything like it during her 13-year career.

“At home, I go to work, have dinner and go to church. In Iraq, people don’t have dinner. There are kids with no parents. It’s a culture shock that’s in your face,” she said.

“No longer will I take the simple things in life for granted. I’ll read to my children. I’ll take a walk with them,” Major Greene said. “I can’t always assume that I’ll be able to do that the next day, or next week. It hits you that you may not have a next week.”

Although all three nurses had three different stories, they all agree on one thing. They would volunteer to return to the war zone in a heartbeat. Because in the war, they know they make a difference — sometimes the difference between life and death. ♡